

**KIDMED Provider Monitoring Checklist**

**TEST, O**

( Provider #: 0000000 Site #: 001 )

**I. General Provider Information**

Provider #: 0000000 Site #: 001 Program Type: BOTH Begin Review Date: 11/05/2001

Provider's Name: TEST, O End Review Date: / /

Address: Mailing:

Parish: Email Address:

Phone: Fax: Provider Type:

Type Screening Available: Review Type: Does provider want  
Office Hours: KIDMED staff to schedule  
Screening Hours: appointments?  
Issue WIC Vouchers?

**Restrictions**

Fragile: Non-English Speaking: Screening Age Range (yy/mm)  
Accept Pregnant Patients: Sex of Patients Accepted: thru  
Others:

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TEST, O

( Provider #: 0000000 Site #: 001 )

**I. General Provider Information (continue)**

**Comments**

SIGNIFICANT AREAS OR PATTERNS OF DEFICIENCIES—

REASONS FOR REVIEWING MORE OR FEWER MEDICAL CHARTS THAN REQUIRED—

UNUSUAL PROBLEMS—

PROVIDER AGREEMENT OR DISAGREEMENT WITH DEFICIENCY FINDINGS—

ITEMS NEEDING FURTHER CLARIFICATION—

TRAINING PROVIDED OR SCHEDULED—

VALIDATION RECOMMENDATIONS—

PROVIDER FEEDBACK REGARDING MONITORING PROCESS OR THE KM/CC PROGRAMS—

# KIDMED Provider Monitoring Checklist

TEST, O

( Provider #: 0000000 Site #: 001 )

## I. General Provider Information (continue)

Appointment schedule start date:     /   /

Appointment schedule end date:     /   /

The number of screening appointments that KIDMED  
may make for a particular number of minutes for a  
provider site:     0

The number of minutes between appointments that  
KIDMED will use to schedule screenings for a  
provider site:

The maximum number of appointments to be  
scheduled per day:     0

Day of the Week	Start 1	End 1	Start 2	End 2
<i>Monday</i>				
<i>Tuesday</i>				
<i>Wednesday</i>				
<i>Thursday</i>				
<i>Friday</i>				
<i>Saturday</i>				

Vacation	<i>from</i>	/ /	/ /	/ /
	<i>thru</i>	/ /	/ /	/ /

Does provider site use standard holiday calendar  
to mark days available for appointment scheduling?

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## II. Screening Compliance Review - Monitoring

0.00 Percent Recipients Receiving timely Initial Screening - Provider

0 Current Number of Linkage Per EP-0-45M

0.00 Percent Recipients Receiving timely Initial Screening - Statewide

0 Number of YTD Medical Claims Per EP-0-52

### Periodic Screening Compliance ( % )

Age Range	Provider		Parish	State
	# Linked	% Within Periodicity	% Within Periodicity	% Within Periodicity
0 to <6	0	0.00	0.00	0.00
6 to <14	0	0.00	0.00	0.00
14 to <21	0	0.00	0.00	0.00
Total	0	0.00	0.00	0.00

### Referrals ( % )

Month/Year						
	Provider	State	Provider	State	Provider	State
Medical	0.00	0.00	0.00	0.00	0.00	0.00
Vision	0.00	0.00	0.00	0.00	0.00	0.00
Hearing	0.00	0.00	0.00	0.00	0.00	0.00
Dental	0.00	0.00	0.00	0.00	0.00	0.00
Nutritional	0.00	0.00	0.00	0.00	0.00	0.00
Developmental	0.00	0.00	0.00	0.00	0.00	0.00
Abuse/Neglect	0.00	0.00	0.00	0.00	0.00	0.00
Psycho/Social	0.00	0.00	0.00	0.00	0.00	0.00
Speech/Lang	0.00	0.00	0.00	0.00	0.00	0.00
Other	0.00	0.00	0.00	0.00	0.00	0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00

S U N A

Initial Screening Compliance

Explain:

☐ ☐ ☐ ☐

Periodic Screening Compliance

Explain:

☐ ☐ ☐ ☐

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III. Administrative Procedures Review		S	U	N/I	N/A
a.	Appropriate Screening Appointment System -- The screening appointment system must ensure that initial and periodic appointments are scheduled within the designated screening period. The provider should use the periodicity chart and/or RS-0-07 and EP-0-10 to ensure that children are contacted timely and appointments offered.  <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Appropriate Appointment Follow-Up System -- The appointment follow-up system must ensure that there is follow-up activities on missed screening appointments. The provider must make and document two good-faith efforts to reschedule the appointment.  <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Appropriate Referral Appointment Scheduling System -- The referral appointment scheduling system must ensure that patients are referred to specialists for conditions found or suspected during the screening.  <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Appropriate Referral Follow-Up System -- The referral follow-up system must ensure that services for patients referred for further diagnosis and/or treatment are initiated within 60 days. The provider must make and document two good-faith efforts to reschedule any missed appointments.  <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Appropriate WIC Referral System -- The WIC referral system must ensure that eligible women, infants, and children under the age of five are referred for WIC services.  <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. Professional Licenses, Certification, and Contracts Review					
a.	Current valid clinical staff licenses  <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	If applicable, current and valid Medical Director's license  <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	If applicable, evidence of physician affiliation/medical direction including a physician contract  <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	If applicable, staff certified to perform Denver Developmental Screening Test  <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	If administering the shortened Denver II, provider is certified by a Master Trainer to administer the shortened Denver II.  <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## IV. Professional Licenses, Certification, and Contracts Review (continue)

### Names of Denver Developmental Screening Test certified staff

Name	Title

Copy attached?

### Names of Clinical Staff

	Name	Title	Expiration	License No.	Physician No.
1			11		
2			11		
3			11		
4			11		
5			11		
6			11		
7			11		
8			11		
9			11		
10			11		

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IV. Professional Licenses, Certification, and Contracts Review (continue)		S	U	N/I	N/A
f.	Evidence of pediatric training for staff conducting KIDMED screening on children under 13 <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	At least one member of the medical staff currently certified for CPR <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	A current valid CLIA certificate of registration or certificate of waiver <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Professional Staff Responsibilities Review					
a.	Trained staff must take all medical history, and a licensed physician, registered nurse, or certified physician assistant must interpret it. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Staff trained and certified by a certified Denver II Master Trainer must conduct all Denver II Developmental Assessments. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	A licensed physician, registered nurse, or certified physician assistant must conduct all unclothed physical exams or assessments. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	A licensed physician, resistered nurse, certified physician assistant, licensed practical nurse, or trained medical staff member, under the supervision of a licensed physician, must give all immunizations. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	A licensed physician, registered nurse, certified physician assistant, licensed practical nurse, or licensed lab technician must perform all venapunctures for blood samples. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	A licensed physician, registered nurse, certified physician assistant, health educator, or other medical staff trained in health education must provide all anticipatory guidance. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	A licensed physician, registered nurse, or certified physician assistant must conduct all interpretive conferences. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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V. Professional Staff Responsibilities Review (continue)		S	U	N/I	N/A
h.	A licensed physician, certified physician assistant, registered nurse, or optometrist must conduct all objective vision screenings. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	A licensed physician, certified physician assistant, registered nurse, licensed audiologist, or licensed speech pathologist must conduct all objective hearing screenings. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI. Equipment, Supplies, and Structure Review					
a.	If the Provider is screening children less than six years of age, the facility must have a complete Denver II kit, including forms and manual. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Vaccines for diphtheria-tetanus-pertussis (DPT), polio, measles-mumps-rubella (MMR), hepatitis B, and Haemophilus influenzae type b, if the provider is screening children less than six years of age <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Vaccines for diphtheria and tetanus, polio, MMR, and hepatitis B, if the provider is screening children six years of age and older. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	A refrigerator and freezer, with thermometers in each. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	A log documenting temperature controls for the refrigerator and freezer and vaccine expiration dates. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Current medical standing orders for vaccine administration updated annually, for any facility that does not have a physician on-site. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Current Medical standing orders for anaphylaxis. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Vaccine information pamphlets for DTP, polio, and MMR for distribution. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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VI. Equipment, Supplies, and Structure Review (continue)		S	U	N/I	N/A
i.	The facility must be a safe, clean, and handicapped accessible, with adequate space, lighting, and furnishings and examination areas that ensure privacy and are accessible to hand washing facilities. All patient areas, including bathrooms must be handicapped accessible. There must be a fire extinguisher, posted fire evacuation plan, and exits signs <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Adult and pediatric scales, including a log documenting daily balancing of the scales.. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Equipment to measure recumbent length for infants not yet standing. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	Equipment to measure the height of children able to stand without assistance. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m.	Disposable or cleanable tape measures for head circumference measurement. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n.	Appropriate standardized growth grids on which to plot results of height, length, weight, and head circumference. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o.	Child and adult blood pressure cuffs for patients three years and older. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p.	Emergency airways (i.e., infant, pediatric and adult). <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q.	Emergency ambu bags with masks (i.e., infant, pediatric and adult). <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r.	Emergency oxygen with tubing and masks. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s.	Emergency suction equipment. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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VI. Equipment, Supplies, and Structure Review (continue)		S	U	N/I	N/A
t.	Emergency unexpired benedryl and injectable adrenalin. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u.	Emergency equipment checklist documenting monthly review. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v.	Emergency blood pressure cuffs (i.e., infant, pediatric, and adult). <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w.	Blood impermeable gloves, aprons, and goggles or face shields. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x.	Laboratory appropriate sharps containers. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y.	If applicable, the provider must have neonatal metabolic screening materials and use a Medicaid-approved lab. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z.	Equipment to perform either hematocrit or hemoglobin on-site. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa.	Log documenting calibration of equipment that can be calibrated on-site (i.e., Hemacue) or a certificate of yearly calibration for other equipment (i.e., microspun hematocrit). <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab.	Appropriate containers for urine specimen collection. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac.	Unexpired urine dipsticks that measure pH, protein, blood, glucose and presence of leukocyte and nitrate levels. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ad.	Lead poisoning risk assessment questionnaire. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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VI. Equipment, Supplies, and Structure Review (continue)		S	U	N/I	N/A
ae.	The provider must have blood lead collection equipment for blood lead testing and use Medicaid-approved testing equipment or a Medicaid-approved lab. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
af.	Age appropriate gowns and drapes. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ag.	Examination table(s). <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ah.	Appropriate cleaning solution and disinfecting procedures. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ai.	Accessible sink with antimicrobial hand cleanser. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aj.	Age appropriate stethoscope (i.e., pediatric and adult). <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ak.	Otoscope with disposable or cleanable attachments. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
al.	Pen light. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
am.	Titmus or Snellen eye chart, Allen Cards, and polychromatic color perception plate or equivalent equipment. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
an.	Appropriate audioscope or audiometer. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ao.	Audiometer or audioscope currently calibrated. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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VII. Observation Of Screening		Yes	No	N/A
Screenings observed?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain:		S U N/I N/A		
<b>Medical Screening</b>				
Name and title of person who performed the screening: _____				
a.	Comprehensive health and developmental history was administered according to guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Explain:			
b.	Comprehensive unclothed physical exam or assessment was administered according to guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Explain:			
c.	Appropriate immunizations were administered according to guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Explain:			
d.	Required laboratory tests were administered according to guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Explain:			
e.	Health education was given according to guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Explain:			
f.	Referrals for suspected conditions were made according to guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Explain:			
		S U N/I N/A		
<b>Hearing Screening</b>				
Name and title of person who performed the screening: _____				
a.	Conducted in each ear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Explain:			
b.	Conducted at 1000, 2000, and 4000 Hz.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Explain:			
c.	Conducted at 20 decibels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Explain:			
d.	Referrals for suspected conditions were made according to guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Explain:			

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<b>VII. Observation Of Screening (continue)</b>		<i>S</i>	<i>U</i>	<i>N/I</i>	<i>N/A</i>
<b>Vision Screening</b>					
Name and title of person who performed the screening: _____					
a.	Visual acuity was tested. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Muscle balance was tested. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Color perception was tested. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Referrals for suspected conditions were made according to guidelines. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Denver Developmental Standardized Test II</b>					
Name and title of person who performed the screening: _____					
a.	Age was calculated correctly. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Age line was drawn correctly. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Items were score correctly. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Test was interpreted correctly. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Referrals for suspected conditions were made according to guidelines. <i>Explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**KIDMED Patient Record List**  
**TEST, O**  
( Provider #: 0000000 Site #: 001 )

**Total Records Reviewed: 1**

No.	Medicaid #	Recipient's Name	Gender	Date of Svc	DOB	Age	
						Years	Months
1	00000000	BROWN, CALA	FEMALE	06/22/2001	05/29/1999	2	0

# KIDMED Patient Record Summary

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Total Records Reviewed: 1

<i>I. Patient History, Initial and Update</i>		Sat	Uns	% Sat
a.	If the patient is less than 12 years of age, the patient history is to be taken from a parent, guardian, or other responsible adult.	0	0	0.00
b.	The initial or update family history is to include the health of current family members and note family members with chronic, communicable, or hereditary diseases.	0	0	0.00
c.	The initial or update past medical history is to include prenatal problems, neonatal problems, developmental milestones, serious accidents or illnesses, hospitalizations, surgeries, emergency room visits, and allergies.	0	0	0.00
d.	The current medical history is to include current health problems, medications, smoking, alcohol, or substance abuse (if appropriate); the name of any physician and/or source of medical care other than the KIDMED provider, and the name of the dentist (if any).	0	0	0.00
e.	A nutritional history and assessment, including diet, feeding problems, obesity, and risk factors contributing to dental caries.	0	0	0.00
f.	An environmental risk assessment, including living condition, water supply, sewage, pets, and any smokers in the home.	0	0	0.00
g.	A behavioral assessment, including educational environment and performance, family and social relationships, hobbies, sports, attention span, and age at which developmental milestones were accomplished	0	0	0.00
h.	History of sexual activity (if the patient is 12 years of age and older)	0	0	0.00
i.	Use of contraception, if appropriate (if the patient is 12 years of age and older)	0	0	0.00
j.	Menstrual history (if the patient is 12 years of age and older)	0	0	0.00
k.	Obstetrical history, if appropriate (if the patient is 12 years of age and older)	0	0	0.00
l.	There must be a referral for any identified or suspected condition noted in the chart.	0	0	0.00
m.	Any referral must be followed up within 60 days to ensure that treatment has been initiated.	0	0	0.00
<i>II. Developmental Assessment</i>				
a.	Subjective developmental screening conducted according to the periodicity table (for children aged two months through 5 years)	0	0	0.00
b.	Objective developmental screening (DDST II) conducted according to the periodicity table (for children aged two months through 5 years)	0	0	0.00
c.	Children aged 6 years through 11 years must receive subjective developmental screening, including determination of the child's ability to understand and use appropriate verbal communication and evaluation of school performance and peer and family relationships.	0	0	0.00
d.	Children aged 12 years through 20 must receive subjective developmental screening, including psychosocial assessment; peer and family relationships; school/job performance; use of drugs, alcohol, and/or tobacco; sexual preparedness and activity; and family planning, when appropriate.	0	0	0.00

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Total Records Reviewed: 1

II. Developmental Assessment (continue)		Sat	Uns	% Sat
e.	Age is calculated correctly (when the Denver Developmental Screening Test is administered)	0	0	0.00
f.	Age line is drawn correctly (when the Denver Developmental Screening Test is administered)	0	0	0.00
g.	Items are scored correctly (when the Denver Developmental Screening Test is administered)	0	0	0.00
h.	Test is interpreted correctly (when the Denver Developmental Screening Test is administered)	0	0	0.00
i.	There must be a referral to the Child Search Coordinator and physician if the child (at any age) meets Denver II criteria for referral or exhibits developmental delays, history of poor school performance, poor social adjustments, and/or emotional or behavioral problems.	0	0	0.00
j.	Any referral must be followed up within 60 days to ensure treatment has been initiated.	0	0	0.00
III. Comprehensive Physical Exam or Assessment				
a.	The physical examination includes all body parts and systems: Cranium and face; Hair and scalp; Ears, including visualization of tympanic membrane and response to voices and other external auditory stimuli; Eyes, including external appearance, visual response, and muscle balance; Nose; Throat; Mouth and teeth, including examination of palate and dental ridge for dental anomalies such as bleeding, inflammation of gums, and dental caries; Neck; Skin and lymph nodes; Chest and back, using a stethoscope to check for heart and lung disorders; Abdomen; Genitalia; Musculoskeletal system; Extremities; Nervous system; Ears, head, or neck for congenital abnormalities; Functional or structural abnormalities that would interfere with the child's ability to communicate.	0	0	0.00
b.	Height and weight	0	0	0.00
c.	Head circumference for children less than two years of age	0	0	0.00
d.	Accurate growth chart	0	0	0.00
e.	Blood pressure for children aged three years and above	0	0	0.00
f.	Subjective vision screening	0	0	0.00
g.	Subjective hearing screening	0	0	0.00
h.	There must be a referral for any identified or suspected condition noted in the chart.	0	0	0.00
i.	Any referral must be followed up within 60 days to ensure treatment has been initiated.	0	0	0.00



# KIDMED Patient Record Summary

TEST, O

( Provider #: 0000000 Site #: 001 )

Total Records Reviewed: 1

IV. Immunizations		Sat	Uns	%Sat
a.	If the child's immunization history is based on the verbal report of the parent, guardian, or other responsible adult, the information must be confirmed and properly documented, showing the source of the immunization documentation.	0	0	0.00
b.	Immunizations must be up-to-date for the age of the child in accordance with the American Academy of Pediatric, Advisory Committee on Immunization Practices, National Immunization Schedule.	0	0	0.00
c.	The child is behind schedule, the provider has given the child an immunization and is bringing them up-to-date (if a child is not up-to-date)	0	0	0.00
d.	There is written proof that the parent or guardian refused to allow immunizations (if a child is not up-to-date)	0	0	0.00
e.	There is a medical contraindication to the immunization, and it is documented in the record (if a child is not up-to-date)	0	0	0.00
f.	Birth HepB	0	0	0.00
g.	1-2 months HepB	0	0	0.00
h.	2 months DTP, OPV, Hib	0	0	0.00
i.	4 months DTP, OPV, Hib, HepB	0	0	0.00
j.	6 months DTP, OPV, Hib	0	0	0.00
k.	6-18 months HepB	0	0	0.00
l.	12-15 months MMR, Hib	0	0	0.00
m.	15 months DTaP/DTP	0	0	0.00
n.	4-6 years DTaP/DTP, OPV, MMR	0	0	0.00
V. Laboratory Tests				
a.	Specimen collection must be performed in-house at the medical screening, and the child may not be sent to an outside lab to have blood drawn	0	0	0.00
b.	For children less than one year of age, the provider must obtain Neonatal screening (PKU, hypothyroid, and sickle cell) results or repeat the neonatal screening if: The results are unavailable or the child was screened for PKU before 48 hours of age	0	0	0.00

# KIDMED Patient Record Summary

TEST, O

( Provider #: 0000000 Site #: 001 )

Total Records Reviewed: 1

V. Laboratory Tests (continue)		Sat	Uns	% Sat
c.	Iron deficiency anemia screening: Nine- thru 12-months of age	0	0	0.00
d.	Iron deficiency anemia screening: Thirteen-months thru four-years of age	0	0	0.00
e.	Iron deficiency anemia screening: Five- thru 12-years of age	0	0	0.00
f.	Iron deficiency anemia screening: Thirteen- thru 20-years of age	0	0	0.00
g.	Urine screening: Twelve-months thru four-years of age, as soon as the child is toilet trained	0	0	0.00
h.	Urine screening: Five- thru 13-years of age	0	0	0.00
i.	Urine screening: Fourteen- thru 20-years of age	0	0	0.00
j.	There must be a referral for any identified or suspected condition noted in the chart.	0	0	0.00
k.	Any referral must be followed up within 60 days to ensure treatment has been initiated	0	0	0.00
l.	Lead poison screening: At each visit, parents, guardians, or responsible adults must be counseled on preventing lead exposure	0	0	0.00
m.	Lead poison screening: At each visit, the child's risk to lead exposure must be assessed using the Lead Risk Assessment Questionnaire	0	0	0.00
n.	Lead poison screening: Based on the responses to the Lead Risk Assessment Questionnaire and the Child's age, the child must be given a blood lead test	0	0	0.00
o.	Lead poison screening: Based on elevated blood lead test results, the test must be repeated at the intervals required by Centers for Disease Control guidelines contained in Preventing Lead Poisoning in Young Children	0	0	0.00
p.	Lead poison screening: A child must have a blood lead test at 12 months and 24 months of age regardless of being determined by the verbal risk assessment to be at low or high risk.	0	0	0.00
q.	Lead poison screening: If a child between 12 and 72 months of age has not previously been tested for lead with the blood lead test or has not received either the 12 month or 24 month required blood lead test, the child must receive it immediately regardless of being determined by the verbal risk assessment to be at low or high risk.	0	0	0.00
r.	Lead lab results must be referred.	0	0	0.00
s.	Follow up to elevated lead	0	0	0.00

# KIDMED Patient Record Summary

TEST, 0

( Provider #: 0000000 Site #: 001 )

Total Records Reviewed: 1

VI. Health Education		Sat	Uns	% Sat
a.	Anticipatory Guidance - Anticipatory guidance emphasizes health promotion and preventive strategies. The topics chosen for presentation should be age-appropriate and based on the child's needs and by the medical information obtained during the screening.	0	0	0.00
b.	Interpretative Conference - the interpretative conference is used to share the medical screening and lab tests, review the child's health status, discuss any specific medical problems, and explain the need for a referral for further diagnosis and treatment, if necessary.	0	0	0.00
c.	For children found to have a suspected condition, a face-to-face interpretive conference is required. It must be conducted by a licensed physician, certified physician assistant, or registered nurse. For children found not to have a suspected condition and there is no need for a referral, the parents or guardians can be notified by letter or phone.	0	0	0.00
VII. Vision Screening				
a.	Visual Acuity - For preschoolers, the Snellen Test or Allen Cards must be used. For older children, equivalent tests such as Titmus, HOTV or Good Light, or Keystone Telebinocular must be used.	0	0	0.00
b.	Muscle Balance - The muscle balance must include testing of convergence, eye alignment, tracking, and a cover-uncover test.	0	0	0.00
c.	Color Perception - Using polychromatic plates by Ishihara, Stilling, or Hardy-Rand-Ritter, the color perception test is done once after the child reaches six years of age.	0	0	0.00
d.	There must be a referral for any identified or suspected condition noted in the chart.	0	0	0.00
e.	Any referrals must be followed up within 60 days to ensure treatment has been initiated.	0	0	0.00
VIII. Hearing Screening				
a.	Conducted in each ear	0	0	0.00
b.	At 1000, 2000, 4000 Hz	0	0	0.00
c.	At 20 decibels	0	0	0.00
d.	There must be a referral for any identified or suspected condition noted in the chart.	0	0	0.00
e.	Any referrals must be followed up within 60 days to ensure treatment has been initiated.	0	0	0.00

**KIDMED Patient Record Summary**  
**TEST, O**  
 ( Provider #: 0000000 Site #: 001 )

**Records Reviewed: 1**

<b>IX. Summary</b>	<b>Sat</b>	<b>Uns</b>	<b>%Sat</b>
Patient History, Initial and Update	0	0	0.00
Developmental Assessment	0	0	0.00
Comprehensive Physical Exam or Assessment	0	0	0.00
Immunizations	0	0	0.00
Laboratory Tests	0	0	0.00
Health Education	0	0	0.00
Vision Screening	0	0	0.00
Hearing Screening	0	0	0.00
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

***KIDMED Patient Record List***  
***TEST, O***  
***( Provider #: 0000000 Site #: 001 )***

***Total Records Reviewed: 1***

No.	Medicaid #	Recipient's Name	Gender	Date of Svc	DOB	Age	
						Years	Months
1	00000000	BROWN, CALA	FEMALE	06/22/2001	05/29/1999	2	0

# KIDMED Patient Record Data

TEST, O

( Provider #: 0000000 Site #: 001 )

Total Records Reviewed: 1

Patient History Initial and Update	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
If the patient is less than 12 years of age, the patient history is to be taken from a parent, guardian, or other responsible adult.																														
The initial or update family history is to include the health of current family members and note family members with chronic, communicable, or hereditary diseases.																														
The initial or update past medical history is to include prenatal problems, neonatal problems, developmental milestones, serious accidents or illnesses, hospitalizations, surgeries, emergency room visits, and allergies.																														
The current medical history is to include current health problems, medications, smoking, alcohol, or substance abuse (if appropriate); the name of any physician and/or source of medical care other than the KIDMED provider, and the name of the dentist (if any).																														
A nutritional history and assessment, including diet, feeding problems, obesity, and risk factors contributing to dental caries.																														
An environmental risk assessment, including living condition, water supply, sewage, pets, and any smokers in the home.																														
A behavioral assessment, including educational environment and performance, family and social relationships, hobbies, sports, attention span, and age at which developmental milestones were accomplished																														
History of sexual activity (if the patient is 12 years of age and older)																														
Use of contraception, if appropriate (if the patient is 12 years of age and older)																														
Menstrual history (if the patient is 12 years of age and older)																														
Obstetrical history, if appropriate (if the patient is 12 years of age and older)																														
There must be a referral for any identified or suspected condition noted in the chart.																														
Any referral must be followed up within 60 days to ensure that treatment has been initiated.																														

Print Date:

- Page 1 -

Reviewing Nurse:

# KIDMED Patient Record Data TEST, O

( Provider #: 0000000 Site #: 001 )

Total Records Reviewed: 1

Developmental Assessment		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Subjective developmental screening conducted according to the periodicity table (for children aged two months through 5 years)																															
Objective developmental screening (DDST II) conducted according to the periodicity table (for children age two months through 5 years)																															
Children aged 6 years through 11 years must receive subjective developmental screening, including determination of the child's ability to understand and use appropriate verbal communication and evaluation of school performance and peer and family relationships.																															
Children aged 12 years through 20 must receive subjective developmental screening, including psychosocial assessment; peer and family relationships; school/job performance; use of drugs, alcohol, and/or tobacco; sexual preparedness and activity; and family planning, when appropriate.																															
Age is calculated correctly (when the Denver Developmental Screening Test is administered)																															
Age line is drawn correctly (when the Denver Developmental Screening Test is administered)																															
Items are scored correctly (when the Denver Developmental Screening Test is administered)																															
Test is interpreted correctly (when the Denver Developmental Screening Test is administered)																															
There must be a referral to the Child Search Coordinator and physician if the child (at any age) meets Denver II criteria for referral or exhibits developmental delays, history of poor school performance, poor social adjustments, and/or emotional or behavioral problems.																															
Any referral must be followed up within 60 days to ensure treatment has been initiated.																															
Comprehensive Physical Exam or Assessment																															
The physical examination includes all body parts and systems: Cranium and face; Hair and scalp; Ears, including visualization of tympanic membrane and response to voices and other external auditory stimuli; Eyes, including external appearance, visual																															

Reviewing Nurse:

- Page 2 -

Print Date:

# KIDMED Patient Record Data

TEST, O

( Provider #: 0000000 Site #: 001 )

Total Records Reviewed: 1

Comprehensive Physical Exam or Assessment		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
response, and muscle balance; Nose; Throat; Mouth and teeth, including examination of palate and dental ridge for dental anomalies such as bleeding, inflammation of gums and dental caries; Neck; Skin and lymph nodes; Chest and back, using a stethoscope to check for heart and lung disorders; Abdomen; Genitalia; Musculoskeletal system; Extremities; Nervous system; Ears, head, or neck for congenital abnormalities; functional or structural abnormalities that would interfere with the child's ability to communicate.																																
Height and weight																																
Head circumference for children less than two years of age																																
Accurate growth chart																																
Blood pressure for children aged three years and above																																
Subjective vision screening																																
Subjective hearing screening																																
There must be a referral for any identified or suspected condition noted in the chart.																																
Any referral must be followed up within 60 days to ensure treatment has been initiated.																																
Immunizations																																
If the child's immunization history is based on the verbal report of the parent, guardian, or other responsible adult, the information must be confirmed and properly documented, showing the source of the immunization documentation.																																
Immunizations must be up-to-date for the age of the child in accordance with the American Academy of Pediatric, Advisory Committee on Immunization Practices, National Immunization Schedule.																																
The child is behind schedule, the provider has given the child an immunization and is bringing them up-to-date (if a child is not up-to-date)																																
There is written proof that the parent or guardian refused to allow immunizations (if a child is not up-to-date)																																
There is a medical contraindication to the immunization, and it is documented in the																																

Reviewing Nurse:

- Page 3 -

Print Date:



# KIDMED Patient Record Data

TEST, O

( Provider #: 0000000 Site #: 001 )

Total Records Reviewed: 1

Immunizations		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
record (if the child is not up-to-date)																															
Birth HepB																															
1-2 months HepB																															
2 months DTP, OPV, Hib																															
4 months DTP, OPV, Hib, HepB																															
6 months DTP, OPV, Hib																															
6-18 months HepB																															
12-15 months MMR, Hib																															
15 months DTaP/DTP																															
4-6 years DTaP/DTP, OPV, MMR																															
Laboratory Tests																															
Specimen collection must be performed in-house at the medical screening, and the child may not be sent to an outside lab to have blood drawn																															
For children less than one year of age, the provider must obtain Neonatal screening (PKU, hypothyroid, and sickle cell) results or repeat the neonatal screening if: The results are unavailable or the child was screened for PKU before 48 hours of age																															
Iron deficiency anemia screening: Nine- thru 12-months of age																															
Iron deficiency anemia screening: Thirteen-months thru four-years of age																															
Iron deficiency anemia screening: Five- thru 12-years of age																															
Iron deficiency anemia screening: Thirteen- thru 20-years of age																															
Urine screening: Twelve-months thru four-years of age, as soon as the child is toilet trained																															
Urine screening: Five- thru 13-years of age																															
Urine screening: Fourteen- thru 20-years of age																															

Reviewing Nurse:

- Page 4 -

Print Date:

# KIDMED Patient Record Data

TEST, O

( Provider #: 0000000 Site #: 001 )

Total Records Reviewed: 1

Laboratory Tests																														
There must be a referral for any identified or suspected condition noted in the chart.																														
Any referral must be followed up within 60 days to ensure treatment has been initiated																														
Lead poison screening: At each visit, parents, guardians, or responsible adults must be counseled on preventing lead exposure																														
Lead poison screening: At each visit, the child's risk to lead exposure must be assessed using the Lead Risk Assessment Questionnaire																														
Lead poison screening: Based on the responses to the Lead Risk Assessment Questionnaire and the Child's age, the child must be given a blood lead test																														
Lead poison screening: Based on elevated blood lead test results, the test must be repeated at the intervals required by Centers for Disease Control guidelines contained in Preventing Lead Poisoning in Young Children																														
Lead poison screening: A child must have a blood lead test at 12 months and 24 months of age regardless of being determined by the verbal risk assessment to be at low or high risk.																														
Lead poison screening: If a child between 12 and 72 months of age has not previously been tested for lead with the blood lead test or has not received either the 12 month or 24 month required blood lead test, the child must receive it immediately regardless of being determined by the verbal risk assessment to be at low or high risk.																														
Lead lab results must be referred.																														
Follow up to elevated lead																														
Health Education																														
Anticipatory Guidance - Anticipatory guidance emphasizes health promotion and preventive strategies. The topics chosen for presentation should be age-appropriate and based on the child's needs and by the medical information obtained during the screening																														
Interpretative Conference - the interpretative conference is used to share the medical screening and lab tests, review the child's health status, discuss any specific medical problems, and explain the need for a referral for further diagnosis and treatment, if necessary.																														

Reviewing Nurse:

- Page 5 -

Print Date:

# KIDMED Patient Record Data TEST, O

( Provider #: 0000000 Site #: 001 )

Total Records Reviewed: 1

Health Education		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
For children found to have a suspected condition, a face-to-face interpretive conference is required. It must be conducted by a licensed physician, certified physician assistant, or registered nurse. For children found not to have a suspected condition and there is no need for a referral, the parents or guardians can be notified by letter or phone.																															
Vision Screening		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Visual Acuity - For preschoolers, the Snellen Test or Allen Cards must be used. For older children, equivalent tests such as Titmus, HOTV or Good Light or Keystone Telebinocular must be used.																															
Muscle Balance - The muscle balance must include testing of convergence, eye alignment, tracking, and a cover-uncover test.																															
Color Perception - Using polychromatic plates by Ishihara, Stilling, or Hardy-Rand-Ritter, the color perception test is done once after the child reaches six years of age.																															
There must be a referral for any identified or suspected condition noted in the chart.																															
Any referrals must be followed up within 60 days to ensure treatment has been initiated.																															
Hearing Screening		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Conducted in each ear																															
At 1000, 2000, 4000 Hz																															
At 20 decibels																															
There must be a referral for any identified or suspected condition noted in the chart.																															
Any referrals must be followed up within 60 days to ensure treatment has been initiated.																															